

Ade



AUTO
DEALERS
EXCHANGE

P.O. Box 39069, 8635 Brookville Road, Indianapolis, IN 46239 • Phone (317) 352-0121 • Sale Every Wednesday

Dear Future Customer and Friend,

We would like to take this opportunity to Thank You for choosing Auto Dealers Exchange to provide your Auction needs and services. Our staff eagerly anticipates fulfilling your requirements.

Please take a few minutes to complete the following forms and provide the necessary documentation. When you are finished please fax back all forms to the attention of Sheryl Gonzalez, Dealer Registration, at 317-356-6597, or email to SGonzalez@adeindy.com.

Thank you for your cooperation and we look forward to serving you and "Working Together".

Sincerely,

The Management and Staff at Auto Dealers Exchange

AUTO DEALERS EXCHANGE
NEW DEALER REGISTRATION
DATE: _____

COMPUTER NUMBER ASSIGNED BY ADE: _____

COMPANY NAME: _____
DBA: _____
BUSINESS ADDRESS: _____
CITY, STATE, ZIP: _____
MAILING ADDRESS: (if different from above) _____
BUSINESS PHONE: area code _____ phone number _____
FAX PHONE: area code _____ phone number _____
CELL PHONE: area code _____ phone number _____
EMAIL ADDRESS: _____

WHICH CATAGORY DESCRIBES THIS BUSINESS?

INCORPORATED _____ PARTNERSHIP _____ LIMITED LIABILITY COMPANY _____
SOLE PROPIETORSHIP _____

ARE YOU A LICENSED DEALER? YES _____ NO _____
DEALER LICENSE # _____ STATE ISSUED _____
FEDERAL ID # _____ STATE TAX NUMBER _____ STATE ISSUED _____

OWNER NAME: _____
OWNER SOCIAL SECURITY NUMBER: _____
OWNER HOME ADDRESS: _____
OWNER HOME PHONE NUMBER: _____ CELL NUMBER _____
DO YOU OWN THE BUSINESS REAL ESTATE: _____
SIGNATURE OF OWNER: _____

DATE THIS FIRM WAS ORGANIZED: _____ TYPE OF DEALER: NEW _____ USED _____ BOTH _____
ARE YOU LISTED IN DUN & BRADSTREET? Y N DO YOU HAVE A FLOORPLAN? _____
IF SO, WHO DO YOU FLOORPLAN WITH? _____
ARE YOU INTERESTED IN BUYING _____ SELLING _____ BOTH _____
DO YOU WISH TO PAY WITH CASH _____ OR CHECK _____
IS THIS ACCOUNT IN THE COMPANY NAME: YES _____ NO _____
BANK: _____ PHONE: _____
ADDRESS: _____ CITY, STATE, ZIP _____
BANK OFFICIAL: _____ ACCOUNT NUMBER: _____
BANK FAX NUMBER: _____

PLEASE LIST 3 AUCTIONS THAT YOU CURRENTLY ATTEND:

NAME: _____ ADDRESS _____
NAME: _____ ADDRESS _____
NAME: _____ ADDRESS _____

AUTO DEALERS EXCHANGE
NEW DEALER REGISTRATION
DATE: _____

COMPUTER NUMBER ASSIGNED BY ADE: _____

NAME OF PERSON BEING INTERVIEWED: _____
HOME ADDRESS: _____
HOME PHONE NUMBER: area code _____ phone number _____
CELL NUMBER _____
DO YOU OWN YOUR RESIDENCE? _____
HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

AUTHORIZED BUYERS AND SELLERS:

NAME: _____ SOCIAL SECURITY NUMBER: _____
HOME ADDRESS _____
CELL NUMBER: _____ SIGNITURE _____

NAME: _____ SOCIAL SECURITY NUMBER: _____
HOME ADDRESS _____
CELL NUMBER: _____ SIGNITURE _____

NAME: _____ SOCIAL SECURITY NUMBER: _____
HOME ADDRESS _____
CELL NUMBER: _____ SIGNITURE _____

NAME: _____ SOCIAL SECURITY NUMBER: _____
HOME ADDRESS _____
CELL NUMBER: _____ SIGNITURE _____

NAME: _____ SOCIAL SECURITY NUMBER: _____
HOME ADDRESS _____
CELL NUMBER: _____ SIGNITURE _____

NAME: _____ SOCIAL SECURITY NUMBER: _____
HOME ADDRESS _____
CELL NUMBER: _____ SIGNITURE _____

**THE ABOVE DEALER, OR IT'S AUTHORIZED AGENT, GIVE AUTHORIZATION TO AUTO DEALERS EXCHANGE TO
ACT AS THEIR AGENT IN REASSIGNMENT OF TITLES FOR VEHICLES SOLD AT ADE, AND TO HOLD ADE
HARMLESS FROM ANY AND ALL LITIGATION RESULTING FROM SUCH ACT.**

AUTO DEALERS EXCHANGE
NEW DEALER REGISTRATION

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO REGISTER AT AUTO DEALERS EXCHANGE

PLEASE PROVIDE THE FOLLOWING:

- COPY OF CURRENT DEALERS LICENSE
- COPY OF STATE TAX CERTIFICATION
- COPY OF RETAIL MERCHANTS CERTIFICATE (SHOWING FEDERAL ID NUMBER) – OUT OF STATE DEALERS PLEASE PROVIDE PROOF OF FEDERAL ID NUMBER
- COPY OF BUSINESS CHECK FOR THE ACCOUNT BEING USED TO PAY FOR PURCHASES
- COPY OF CURRENT BOND/OUT OF STATE DEALERS, PROOF OF INSURANCE
- COPY OF DRIVERS LICENSE FOR ALL OWNERS AND AUTHORIZED (BUYING AND/OR SELLING) AGENTS
- SOCIAL SECURITY NUMBERS FOR ALL OWNERS AND AUTHORIZED AGENTS
- AFTER INITIAL REGISTRATION, A LETTER ON COMPANY LETTERHEAD IS REQUIRED TO ADD OR DELETE ANY AGENT – THIS LETTER MUST BE SIGNED BY THE OWNER OR CONTROLLER.

FOR AUCTION INSURANCE PURPOSES ALL ORIGINAL BANK FORMS MUST BE SIGNED BY THE OWNER. REGISTRATION IS NOT COMPLETE UNTIL ALL REQUIRED DOCUMENTS ARE ON FILE.

*****PLEASE NOTE: IF YOU ARE A PNC CUSTOMER - A SEPARATE AUTHORIZATION IS INCLUDED AS PER PNC REQUIRMENTS - SIGNATURE, PRINTED NAME AND DATE BY OWNER/AUTHORIZED SIGNER. *****

IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT 317-352-0121.

THANK YOU FOR BECOMING PART OF THE ADE FAMILY.
SHERYL GONZALEZ, DEALER REGISTRATION



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To Whom It May Concern:

I authorize you to release information regarding my account with your bank to Auto Dealers Exchange. This information will be asked periodically so they may better serve my needs to sell or purchase vehicles through their auction.

This original letter will be kept on file by Auto Dealers Exchange, and you may release this information for their use confidentially at their request. Should this change, you will be notified immediately.

Thank you for your cooperation regarding this request.

Sincerely,

X _____
(Company Name)

X _____
(Legal Name of Account)

X _____
(Signature)

X _____
(Printed Name)

X _____
(Date)

X _____
(Valid Email Address – Required)

Requirements of Auction Insurance Agency
Periodic Bank Inquiry Authorization
To be signed by Owner or Authorized Personnel of your
bank account
SIGN AND RETURN TO ADE

(Rev 3-2022)



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RE:

Gentlemen:

Inasmuch as we accept checks in payment of cars purchased and guarantee titles of cars sold, you can appreciate the necessity of our hereby giving notice of acquiring a purchase money security interest in each vehicle purchased by _____ at Auto Dealers Exchange, pending final payment being received by Auto Dealers Exchange, as well as the need of periodic re-evaluations.

We shall appreciate your co-operation by checking the appropriate spaces below for your current estimate of the above account, which information will be considered strictly confidential.

Thank you.

Very Sincerely yours,

Ruthven L. Moore

Customer has been banking with you since _____
 Amount of floorplan, if any _____
 of Line of credit _____

The subject is	()	a valued customer with good reputation and financial responsibility	
	()	honest and reliable but short in capital	
	()	unknown to us	
	()	a new customer - our experience limited	
The Account is	()	A regular customer	() Satisfactory
	()	A special account	() Unsatisfactory
	()	A loan account	
Balances are	()	Small	() 3 figures () 6 figures
	()	Medium	() 4 figures () 7 figures
	()	Large	() 5 figures () 8 figures
Our loan experience	()	is satisfactory	() customer has not borrowed
	()	is not satisfactory	
We feel this customer is entitled to:	()	Unlimited credit	PLEASE RELEASE THE ABOVE INFORMATION TO: AUTO DEALERS EXCHANGE
	()	Limited credit	
	()	Credit subject of frequent review	
	()	No credit - poor risk	
Number of NSF's in last 12 months	()		SIGNATURE <i>X</i> _____
	()		COMPANY: <i>X</i> _____

Remarks:

By _____

Form ST-105
General Information and Instructions

All four (4) sections of the ST-105 must be completed or the exemption is not valid and the seller is responsible for the collection of the Indiana sales tax.

Section 1 Instructions

- A) **This section requires an identification number.** In most cases this number will be an Indiana Department of Revenue issued Taxpayer Identification Number (TID# - see note below) used for Indiana sales and/or withholding tax reporting. If the purchaser is from another state and does not possess an Indiana TID#, a resident state's business license, or State issued ID# must be provided.
- B) **Exceptions** - For a purchaser not possessing either an Indiana TID# or another State ID#, the following may be used in lieu of this requirement.
- Federal Government** – place your FID# in the State ID# space.
- Farmer** – place your SS# or FID# in the State ID# space.
- Public transportation haulers** operating under another motor carrier authority, or with a contract as a school bus operator, must indicate their SS# or FID# in the State ID# space.
- Nonprofit Organization** – must show its FID# in the State ID# space.

Section 2 Instructions

- A) Check a box to indicate if this is a single purchase or blanket exemption.
- B) Describe product being purchased.

Section 3 Instructions

- A) Purchaser must check the reason for exemption.
- B) Purchaser must be able to provide additional information if requested.

Section 4 Instructions

- A) Purchaser must sign and date the form.
- B) Printed name and title of signer must be shown.

Note: The Indiana Taxpayer Identification Number (TID#) is a ten (10) digit number followed by a three (3) digit LOC#. The TID# is also known as the following:

- a) Registered Retail Merchant Certificate
- b) Tax Exempt Identification Number
- c) Sales Tax Identification Number
- d) Withholding Tax Identification Number

The Registered Retail Merchant Certificate issued by the Indiana Department of Revenue shows the TID# (10 digits) and the LOC# (3 digits) at the top right of the certificate.

Indiana Department of Revenue
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. **This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft.** Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue. A valid certificate also serves as an exemption certificate for (1) county innkeeper's tax and (2) local food and beverage tax.

Section 1 (print only)

Name of Purchaser: _____

Business Address: _____ City: _____ State: _____ ZIP Code: _____

Purchaser must provide minimum of one ID number below.*

Provide your Indiana Registered Retail Merchant's Certificate TID and LOC Number as shown on your Certificate.

TID Number (10 digits): _____ - LOC Number (3 digits): _____

If not registered with the Indiana DOR, provide your State Tax ID Number from another State
***See instructions on the reverse side if you do not have either number.**

State ID Number: _____ State of Issue: _____

Section 2

Is this a blanket purchase exemption request or a single purchase exemption request? (check one)

Description of items to be purchased: VEHICLES

Section 3

Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)

Sales to a retailer, wholesaler, or manufacturer for **resale** only.

Sale of manufacturing machinery, tools, and equipment to be used directly in direct **production**.

Sales to **nonprofit organizations** claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)

Sales of tangible personal property predominately used (greater than 50 percent) in providing **public transportation** - provide USDOT Number. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a **school bus operator**, must provide their SSN or FID Number in lieu of a State ID Number in Section 1.

USDOT Number: _____

Sales to persons, occupationally engaged as farmers, to be used directly in production of **agricultural** products for sale.
Note: A farmer not possessing a State Business License Number may enter a FID Number or a SSN in lieu of a State ID Number in Section 1.

Sales to a **contractor** for exempt projects (such as public schools, government, or nonprofits).

Sales to **Indiana Governmental Units** (agencies, cities, towns, municipalities, public schools, and state universities).

Sales to the **United States Federal Government** - show agency name. _____
Note: A U.S. Government agency should enter its Federal Identification Number (FID) in Section 1 in lieu of a State ID Number.

Other - explain. _____

Section 4

I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.

I confirm my understanding that misuse, (*either negligent or intentional*), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.

Signature of Purchaser: _____ Date: _____

Printed Name: _____ Title: _____

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.
Seller must keep this certificate on file to support exempt sales.

Please check one:



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To Our Valued Customers

We at Auto Dealers Exchange, take pride in keeping our fees to a minimum. Due to increases in shipping and replacement title fees, we are implementing the following guidelines for title and check delivery.

Please choose one of the following:

1. Provide us with your UPS or Federal Express account number for overnight delivery.

Federal Express Account # _____
 UPS Account # _____

2. Titles can be held at the auction available for pickup 5 days a week

3. We will ship via UPS ground and bill your receivable account

4. US Postal Mail is no charge but note the following exception

We will not be responsible for any cost to replace items not received

If we assist in getting replacement(s) you will be responsible for all fees incurred

Company Name _____

Ship to Address _____

UPS & FedEx will not deliver to a PO Box

Phone number _____

Please have an owner/controller sign and return this form as soon as possible by fax 317-356-6597 or mail. Thank you for your cooperation and as always, we at ADE strive to offer the best possible service.

Signature / Title

Printed Name



State of _____
 County of _____

TITLE CLERK AUTHORIZATION

I, _____ (Consignor)
 (Name) (Title) (Business Name)

do hereby duly authorize Auto Dealers Exchange and/or its employees to act as agent to sign all papers and documents that may be necessary pertaining to the sale and subsequent title transfer of the vehicles owned by Consignor and consigned to Auto Dealers Exchange Auto Auction for sale, including without limitations, any title, title transfer documents, reassignments or odometer disclosure statements as required by federal or state law.

LORI BURRIS, SUE BRICKER, MARCIA FOSTER, SHERYL GONZALEZ, LIZ DEBOARD, DAVID ALLEN
 KATHLEEN GOINS MYERS, KAREN GOINS RYAN, KASSIDY MYERS, GLORIA BURRIS

In consideration of Auto Dealers Exchange Auto Auction's agreement to execute such documents on Consignor's behalf from time to time, Consignor shall indemnify, defend and hold harmless Auto Dealers Exchange Auto Auction, its affiliates, subsidiaries, officers, directors, employees, successors and assigns from and against any and all loss, damages, liability, claims, causes of action and expenses of whatever kind or nature, arising from the execution of transfer ownership of any consigned vehicle or from the execution by Auto Dealers Exchange Auto Auction or its employees or agents of any certificate of title, odometer statement, bill of sale or other document necessary to transfer ownership of a consigned vehicle. Notwithstanding the foregoing, nothing contained herein shall be construed to require Consignor to indemnify Auto Dealers Exchange Auto Auction from any loss resulting from any gross negligence or willful misconduct of Auto Dealers Exchange Auto Auction or its employees or agents.

Consignor further agrees to guarantee and save the authorities of any state requested to process such transfer of title from all responsibility with respect to this Title Clerk Authorization.

Witness my hand and seal
 Affixed this _____ day of
 _____, 20 _____.

X _____
 Signature

Notary Public Signature: _____
 Printed Name: _____
 Commission Expiration: _____

X _____
 Printed name & Position

Auto Dealers Exchange Buyer/Seller Fees (7/11/2022)

Buyer Fees

Price	To	Price2	Fee Amount
\$1		\$499	\$50
\$500		\$999	\$75
\$1,000		\$4,999	\$100
\$5,000		\$9,999	\$140
\$10,000		\$14,999	\$170
\$15,000		\$19,999	\$200
\$20,000		\$29,999	\$225
\$30,000		\$39,999	\$275
\$40,000		\$49,999	\$300
\$50,000		\$69,999	\$350
\$70,000		\$89,999	\$400
\$90,000		\$99,999	\$450
\$100,000 +		-	\$500

Seller Fees

Price	To	Price2	Fee Amount
\$1		\$499	\$50
\$500		\$999	\$80
\$1,000		\$1,999	\$110
\$2,000		\$3,499	\$130
\$3,500		\$4,999	\$140
\$5,000		\$6,249	\$160
\$6,250		\$7,999	\$170
\$8,000		\$8,999	\$180
\$9,000		\$9,999	\$190
\$10,000		\$10,999	\$200
\$11,000		\$11,999	\$210
\$12,000		\$12,999	\$230
\$13,000		\$13,999	\$240
\$14,000		\$14,999	\$250
\$15,000		\$15,999	\$260
\$16,000		\$16,999	\$270
\$17,000		\$17,999	\$280
\$18,000		\$18,999	\$300
\$19,000		\$19,999	\$330
\$20,000		\$29,999	\$350
\$30,000		\$39,999	\$375
\$40,000		\$49,999	\$390
\$50,000		\$59,999	\$400
\$60,000		\$79,999	\$420
\$80,000		\$99,999	\$450
\$100,000 +		-	\$500

